

Asthma Action Plan

Date: _____

Patient Name: _____

Doctor's Name: _____

Doctor's Contact: _____

Asthma Medications

- Rescue Inhaler: _____ (Dosage: _____)
- Controller Medication: _____ (Dosage: _____)

Symptoms and Triggers

Common Symptoms: _____

Known Triggers: _____

Action Steps

Green Zone (Good Control)

Symptoms are well controlled. Continue taking medications as prescribed.

Yellow Zone (Caution)

Symptoms worsening. Use rescue inhaler and monitor symptoms. If no improvement in 20 minutes, contact doctor.

Red Zone (Medical Emergency)

Severe symptoms. Use rescue inhaler and seek immediate medical attention!

Emergency Contacts

Emergency Services: 911

Family Member Contact: _____ (Phone: _____)

Patient Signature: _____

Doctor Signature: _____